

Williams																					
SENDER: COMPLETE THIS SECTION																					
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the envelope.</p>																					
<p>Cheryl Price, Warden Bibb County Correctional Facility 565 Bibb Lane Brent, AL 35034</p>																					
COMPLETE THIS SECTION ON DELIVERY																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">A. Signature</td> <td style="width: 50%; padding: 2px; text-align: right;">□ Agent □ Addressee</td> </tr> <tr> <td colspan="2" style="padding: 2px;">X <i>S. Mohan</i></td> </tr> <tr> <td style="padding: 2px;">B. Received by (Printed Name)</td> <td style="padding: 2px; text-align: right;">C. Date of Delivery</td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: right;"><i>S. Mohan</i></td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: right;">Address different from item 1? <input type="checkbox"/> Yes Delivery address below: <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center;">3. Service Type</td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center;"> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center;">Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center;">207CN271-MHT (per order) <i>ans due 4/23/07</i></td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center;">7005 1160 0001 2962 1850</td> </tr> </table>		A. Signature	□ Agent □ Addressee	X <i>S. Mohan</i>		B. Received by (Printed Name)	C. Date of Delivery	<i>S. Mohan</i>		Address different from item 1? <input type="checkbox"/> Yes Delivery address below: <input type="checkbox"/> No		3. Service Type		<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		207CN271-MHT (per order) <i>ans due 4/23/07</i>		7005 1160 0001 2962 1850	
A. Signature	□ Agent □ Addressee																				
X <i>S. Mohan</i>																					
B. Received by (Printed Name)	C. Date of Delivery																				
<i>S. Mohan</i>																					
Address different from item 1? <input type="checkbox"/> Yes Delivery address below: <input type="checkbox"/> No																					
3. Service Type																					
<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.																					
Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes																					
207CN271-MHT (per order) <i>ans due 4/23/07</i>																					
7005 1160 0001 2962 1850																					

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540